

Housing 21

Housing 21 – Fountain Court

Inspection report

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Date of inspection visit:

22 January 2019

24 January 2019

Date of publication:

05 September 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This was an announced inspection which took place on 22 and 24 January 2019. We gave the provider 24 hours' notice to ensure someone would be available at the office.

Housing and Care 21-Fountain Court provides personal care and support to people living in 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. The Care Quality Commission does not regulate premises used for extra care housing, this inspection looked at people's personal care and support service. The complex comprises 42 apartments. They are for single person or double occupancy.

Not everyone living at Fountain Court receives the regulated activity. At the time of the inspection there were 39 people in receipt of a service.

At our last inspection in August 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained good.

People and relatives told us the service kept them safe. They trusted the workers who supported them. Risks to people were assessed and plans put in place to reduce the chances of them occurring. Policies and procedures were in place to safeguard people from abuse. People's medicines were managed safely. The provider and registered manager monitored staffing levels to ensure enough staff were deployed to support people safely. The provider's recruitment process minimised the risk of unsuitable staff being employed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice. Staff had received training and had a good understanding of the Mental Capacity Act 2005 and Best Interest Decision Making, when people were unable to make decisions themselves. There were other opportunities for staff to receive training to meet people's care needs.

Staff knew the people they were supporting well. Care plans were in place that provided some detail of how people wished to be supported and people were involved in making decisions about their care. Staff had developed good relationships with people, were caring in their approach and treated people with respect. Care was provided with patience and kindness. Staff upheld people's human rights and treated everyone with respect and dignity.

Staff were aware of people's nutritional needs and made sure they were supported with eating and drinking where necessary. People's health needs were identified and staff worked with other health care professionals to ensure these were addressed.

People were provided with some opportunities to follow their interests and hobbies. They were supported to be part of the local community.

People, their relatives and staff said the management team were supportive and approachable. Communication was effective, ensuring people, their relatives and other relevant agencies were kept up-to-date about any changes in people's care and support needs and the running of the service.

People had the opportunity to give their views about the service. There was consultation with people and family members and their views were used to improve the service. The provider undertook a range of audits to check on the quality of care provided.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remains good.

Good ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

Good ●

Housing 21 – Fountain Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 January 2019 and 24 January 2019 and was announced.

We gave the service 24 hours' notice of the inspection visit because the location provides a domiciliary care service and we wanted to be sure someone would be available at the office.

The inspection was carried out by an inspector and an expert-by experience. An expert-by experience is a person who has personal experience of using or caring for someone who uses this type of care service for older people.

Before the inspection we reviewed information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We also contacted commissioners from the Local Authorities who contracted people's care to obtain feedback about the service.

We carried out a site visit on the first day of inspection and on day two of the inspection the expert-by-experience carried out telephone interviews with people who use the service and relatives.

During the inspection we spoke with seven people who lived at the service, five support workers, the assistant manager, the housing manager, the registered manager and a visiting professional. We reviewed a range of records about people's care and checked to see how the service was managed. We looked at care plans for three people, the recruitment records for three staff, staffing rosters, staff meeting minutes, meeting minutes for people who used the service and the quality assurance audits that were completed. During the inspection we carried out general observations. After the site visit the expert-by-experience telephoned five people who used the service.

Is the service safe?

Our findings

People and staff told us they felt safe with the support they received from the service. Their comments included, "I'm quite safe here", "I always feel safe", "The staff are always there for you" and "I know how to raise the alarm if I didn't ever feel safe, and it's good knowing that." Relative's comments included, "I have peace of mind when I go on holiday as [Name] is safe, so I can relax and chill" and "Staff response time is great, [Name] had a fall and they phoned an ambulance and let me know straight away."

People contracted with the service with regard to the number of hours of support they required. At the time of inspection peoples' call times varied between 15 and 30 minute calls. We considered there were sufficient staff to meet people's needs. During the inspection staff responded promptly and patiently to people's requests. There were 39 people who were supported by staff. Staffing rosters and observations showed during the day they were supported by seven staff members including the registered manager. Overnight two waking night staff were available to support people.

Staff had access to emergency contact numbers if they needed advice or help from the management team.

People and staff were kept safe because suitable arrangements for identifying and managing risk were in place. Risk assessments were carried out to identify risk. People's care plans highlighted any areas of risk to people's safety and wellbeing. Personal risk plans were devised to support tenants in the event of needing to be evacuated from their homes. We discussed with the manager that risk assessments, should be evaluated at least three monthly, in case people's needs had changed. The registered manager told us that this would be addressed.

Staff were clear about the procedures they would follow should they suspect abuse. They expressed confidence that the management team would respond to and address any concerns appropriately. Staff had received training in relation to safeguarding.

Staff were aware of the reporting process for any accidents or incidents that occurred. These were reported directly to staff at the office. The registered manager told us and records showed all incidents were audited and action was taken by the responsible person as required to help protect people.

People received their medicines when they needed them and they were supported to manage these themselves. Staff had completed medicines training and competency checks were carried out. The registered manager also undertook periodic audits, and any shortfalls were identified and suitable actions put in place.

There was a good standard of hygiene in the service. Staff confirmed they had the equipment they needed to do their job safely. One person told us, "Staff wear aprons and gloves when providing personal care." Staff had completed training in infection control.

There were appropriate emergency evacuation procedures in place. An up-to-date fire risk assessment was in place for the building. A business contingency plan was in place to manage the service in emergency circumstances.

Is the service effective?

Our findings

Staff records showed staff were kept up-to-date with safe working practices. There was an on-going training programme in place to make sure that all staff had the skills and knowledge to support people. All staff received supervision and appraisal throughout the year to support their personal development. Staff members' comments included, "There are always opportunities for training", "We do face-to-face training and e-learning", "I have supervision every three months", "The manager does my appraisal" and "My training is up-to-date."

Staff told us when they began working at the service they completed an induction and they had the opportunity to shadow a more experienced member of staff. This ensured they had the basic knowledge needed to begin work. They were issued with an employee handbook and key policies and procedures to make them familiar with the standards expected of them. The registered manager told us staff studied for the Care Certificate as part of staff induction to increase their skills and knowledge in how to support people with their care needs. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care.

People's needs were assessed before they started to use the service. Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements, safety, communication and other aspects of their daily lives.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS).

Most people made their own arrangements for their nutrition. The housing scheme had a cafeteria which was open each day. A lunchtime meal was served and people could order a meal for the evening. Where people needed help with food preparation or more significant support with eating and drinking, this was clearly detailed in their care plan. People's comments included, "My worker tells me what's in my fridge or cupboard to eat and gives me a choice of what I might like" and "Staff offer to make something for me but I prefer to do it myself."

Several people managed their own medical appointments. Staff were not involved in people's routine healthcare, but they told us they were alert to any changes in a person's health or demeanour and responded to any emergencies. One person told us, "If I say I don't feel very well, which isn't very often, staff will phone the GP." Records showed that people were registered with a GP and received care and support from other professionals, such as the speech and language therapist and medical consultants.

Is the service caring?

Our findings

Several compliments had been received about the service. People told us, they were treated with kindness and compassion. They were observed to be relaxed and comfortable and they expressed satisfaction with the service. Their comments included, "The staff are good and on the ball, I'm really happy with them, they're lovely", "I trust the staff", "The office and care staff are fantastic", "I would give the service ten out of ten for everything" and "Staff aren't just kind, they are very considerate", "Staff are exceptional".

We saw staff interacted with people in a kind, pleasant and friendly manner. Staff understood their role in providing people with effective, caring and compassionate care and support. Staff were knowledgeable about people's individual needs, backgrounds and personalities. They explained how they involved people in making decisions. Care plans were written in a person-centred way, outlining for the staff how to provide individually tailored care and support. Information was available about people's likes, dislikes and preferred routines which also contributed to person-centre care. The language used within people's care records was informative and respectful.

People received information about the service when they started to use it. This provided them with information about the provider, including who to contact with any questions they might have. All of the people we spoke with confirmed they knew who to contact at the service and informed us they were involved in reviews of their care. They told us they were supported to express their views and to be involved in making decisions about their care and support. People's comments included, "At my annual review I get the chance to say whether or not I am happy with the care or do I want it changing" and "I like the fact I am asked about my care plan." Everyone that we spoke with referred to the registered manager by name and confirmed that they maintained regular contact with them and involved them in decisions about their care. Support staff were able to explain how they supported people to express their views and to make decisions about their day to day care.

People were introduced to the support workers who would be visiting them. When new support workers were employed they visited the people they would be supporting whilst still on their induction so that people got to know the worker. One person stated, "Staff do get changed, but that's fine I don't mind as you get to know them quickly anyway."

People said their privacy and dignity were respected. Their comments included, "Staff always make sure my blinds or curtains are closed, they are good at this". Staff received guidance during their induction in relation to dignity and respect. Their practice was then monitored when they were observed in people's own apartments. We heard people being greeted politely. Staff were observed to be consistently attentive, friendly and respectful in their approach. People told us their apartment was respected as it was their own home.

People and their relatives were aware of, and were supported, to have access to advocacy services to

support and speak on behalf of people if required. Advocates help to ensure that people's views and preferences are heard.

Is the service responsive?

Our findings

People told us they would be comfortable raising any concerns or complaints and expressed confidence they would be dealt with. They said they would either speak directly to the registered manager or to senior staff. One person told us, "If I ever needed to make a complaint I would go and see the manager." Another person said, "I did need to make a complaint a little while ago, as soon as I mentioned it to the manager it was fixed immediately." A copy of the complaints procedure was clearly available in the service and information was given to each person about how they could complain. The registered manager told us concerns and complaints were viewed as part of driving improvement.

People lived independently in their own apartments and received commissioned services from Housing and Care 21. Where a support need was identified a personalised care plan was put in place based on how people wanted to be assisted. These could include support with medicines, personal care or other care requirements as people became more dependent. One person told us, "When I first came here we sat down in the office along with the council and the manager and discussed the type of care which would be provided to me and whether or not that was okay with me."

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. People's care records were kept under review, care plans were updated following any change in a person's needs. We discussed with the registered manager that a communication care plan was not in place that reflected a person's current support needs. They told us that this would be addressed immediately.

Care plan evaluations were undertaken by staff. We discussed with the registered manager that care plans should be evaluated at least three monthly, to ensure the correct care and support was still being provided. They told us that this would be addressed. Formal reviews of people's care planning took place. People told us they felt involved and consulted by staff in how their care was developed and then delivered. Their comments included, "At my annual review I get the chance to say whether or not I am happy with the care or do I want it changing" and "I like the fact I am asked about my care plan."

There was a lively atmosphere in the service and a camaraderie was observed amongst the people. Tenants mostly spent time in their apartments and they met up in communal areas before lunch or for pre-arranged events. Two people told us, "We're going on holiday together." Staff and people told us events took place at the service. A relative commented, "Staff will bring [Name] down to watch a film in the cinema and then take them to the lounge as [Name] loves to be entertained." The notice board and a newsletter advertised regular events that were taking place in the service each month. The service had a large lounge, cinema room, library and hairdresser. The complex was surrounded by well-maintained and landscaped gardens with seating areas which people told us they enjoyed.

People were encouraged to be involved in the running of the service. Meetings were held on a regular basis.

One person told us, "We do have meetings." Meeting minutes were available for people unable to attend meetings.

Is the service well-led?

Our findings

A registered manager was in place who had registered with the Care Quality Commission in June 2017.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager understood their role and responsibilities to ensure notifiable incidents such as safeguarding and serious injuries were reported to the appropriate authorities and independent investigations were carried out.

The registered manager assisted us with the inspection. Records we requested were produced promptly and we were able to access the care records we required. They were open to working with us in a co-operative and transparent way.

We were told and observations showed the registered manager promoted amongst staff an ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making.

The atmosphere in the service was relaxed and friendly. Staff told us the registered manager was enthusiastic and had many ideas to promote the well-being of people who used the service. Staff and people we spoke with were very positive about their management and had respect for them. People's comments included, "The registered manager is great, she'll talk with anyone, she has great interaction with tenants", "You couldn't wish for better than [Name], as well as paperwork she arranged trips out. We went to Leeds Christmas market" and "The management team are good and seem to have fulfilled everything they set out to do."

Staff told us and meeting minutes showed staff meetings took place. Meetings kept staff updated with any changes in the service and allowed them to discuss any issues. Staff told us meeting minutes were made available for staff who were unable to attend meetings.

Regular audits were completed internally to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a wide range of monthly, quarterly and annual checks. They included medicines, health and safety, accidents and incidents, complaints, personnel documentation and care documentation. Audits identified actions that needed to be taken. Audits were carried out to ensure the care and safety of people who used the service and to check appropriate action was taken as required. Results from the provider survey for the last two years showed there had been a 100% positive response from people to the question, "My care service helps me to feel safe."

Feedback was sought from people and staff through meetings, suggestion box and surveys. Results for the 2017/2018 survey showed that people were extremely positive about service provision and that overall satisfaction had increased from 82% to 95%.